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|---|------------|---|--|------------------------|------------------------------|---|---|------------------------------|--|------|---------------|-----------------|
| NOAA FORM 42-5 (6-80) | | U.S. Department of Commerce National Oceanic and Atmospheric Administration | | 1. TRAVEL ORDER NUMBER | | | | DATE | | | | |
| Trip Authorization | | 2. TRIP NUMBER | | | | DATE PREPARED | | | | | | |
| | | (Assign trip numbers consecutively to each NOAA Form 42-5 covering specific travel under the Travel Order.) | | | | | | | | | | |
| NAME OF TRAVELER | | | ROUTING CODE | | | 3. MODE OF TRAVEL: GOVERNMENT VEHICLE LICENSE NUMBER _____ PRIVATELY OWNED AUTOMOBILE PRIVATELY OWNED PLANE PUBLIC CONVEYANCE _____ | | | | | | |
| TITLE | | | SOC. SEC. NO. | | | | | | | | | |
| ADDRESS (Street) | | | OFFICE PHONE | | | | | | | | | |
| CITY | | STATE | ZIP CODE | | | | | | | | | |
| 5. CERTIFICATION OF LINE SUPERVISOR | | | DATE | | | 5. SIGNATURE OF AUTHORIZING OFFICER | | | | DATE | | |
| TO STATIONS AS FOLLOWS <small>(Station, State - first and last entry should be home station. List intermediate points as necessary and explain on Travel Vouch.)</small> | | | APPROXIMATE DATE(S) OF VISIT OR DETAIL | | | PURPOSE M - Maintenance; 1QM - Quarterly Maintenance EM - Emergency Maintenance; RM - Routine Maintenance <i>State purpose of other visits briefly</i> | | | | | | |
| | | | | | | | | | | | | |
| FINANCIAL DATA | | | | | | | | | | | | |
| TRAN S 1 | BATCH | | G OR NG 7 | FY 8 | ORGANIZATION CODE 9-15 | PROJECT CODE 16-25 | OBJECT CLASS 35-38 | AMOUNT 47-58 OR 59-70 | | | DOCUMENT | |
| | MO. 2-3 | NUMBER 4-6 | | | | | | | | | TYPE 71-72 | NUMBER 73-80 |
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| 3 | | | Ø | | | | | | | | | |
| NOTE: Maintain record of obligations incurred or intended against amounts authorized herein. Obtain amendment if amounts will be exceeded. Upon completion of this travel, prepare report when required. COPY DISTRIBUTION: Original and one to traveler One to local Field Finance Office Attach one to reimbursement voucher and forward to applicable Filed Finance Office (FFO). Retain one copy for file. In case of Foreign Travel, send one copy to the Office of International Affairs, OAx4. | | | | | | | Privacy Act Advisory Statement The authority for requesting your Social Security Number (SSN) is pursuant to the Budget and Accounting Act-19212, Accounting and Auditing Act-1950 and the Federal claim Collection Act-1966. Furnishing the SSN is voluntary. It will be used for travel; advance of expenses for travel and reimbursement of travel or subsistence expenses and will be transmitted to the U.S. Treasury Department of passports. If not furnished, there will be no authorization for travel or support for expense reimbursements to the individual. | | | | | |